

## HUMAN SERVICES BOARD

In re ) Fair Hearing No. V-06/09-355  
 )  
 Appeal of )

The petitioner appeals a decision by the Office of Vermont Health Access (OVHA) not to pay medical providers who decline to enroll in the Vermont Medicaid program. In the course of the appeal, petitioner disputed the decision to change his enrollment from the Catamount Health Premium Assistance Program (CHAP) to the Vermont Health Access Program (VHAP) during December 2008. The issue is whether the dispute about program coverage is out of time, and if the dispute is not out of time, whether petitioner's coverage was properly changed. The material facts are not in dispute.

1. The petitioner is a single individual who receives medical benefits through Vermont.

2. Petitioner's employment and income have changed over time causing his eligibility to shift between VHAP and CHAP. Petitioner was first eligible for VHAP from the period of July 3, 2008 to September 30, 2008. Petitioner was

switched to CHAP effective October 1, 2008. He was insured through Blue Cross/Blue Shield while covered by CHAP.

Petitioner informed the Health Access Unit of the Department for Children and Families that he was not working during early November 2008. Petitioner was switched from CHAP to VHAP effective November 20, 2008. The Department duly notified petitioner of this decision by written notice dated November 20, 2008.

3. The petitioner had follow-up surgery on his shoulder on December 19, 2008 in Pennsylvania. His initial surgery was covered by Blue Cross/Blue Shield. Petitioner's follow-up surgery was not covered by VHAP. Petitioner first tried to have his CHAP reinstated by calling the Department on December 29, 2009.

4. Information was sent to the Pennsylvania providers asking them to enroll as Vermont Medicaid providers, but they have refused to do so.

5. On June 30, 2009, petitioner requested a fair hearing.

ORDER

OVHA's decision not to reimburse the Pennsylvania providers is affirmed and the decision to switch petitioner's coverage from CHAP to VHAP is affirmed.

REASONS

The VHAP program is a Medicaid waiver program that provides health insurance for households whose countable income is equal to or less than 185% of the Federal Poverty Level (FPL). The Medicaid regulations do not allow payments to medical providers who are not enrolled as a Medicaid provider by Vermont. W.A.M. § 4163. Enrolling in the Vermont Medicaid program is a simple process that ensures that medical providers are bound by Vermont Medicaid reimbursement rates. Unfortunately, petitioner's providers have refused to enroll in the Vermont Medicaid program despite efforts by petitioner and Vermont. OVHA's decision not to reimburse the costs associated with petitioner's December 2008 surgery is in accord with the regulations.

Petitioner disputes the decision to switch his health coverage from CHAP to VHAP effective November 20, 2009. Starting December 29, 2008, petitioner sought the reinstatement of his CHAP coverage. His actions should have

been sufficient to show that he disagreed with the Department's decision, thus, triggering a fair hearing request. The December 29, 2008 date rather than the June 30, 2009 date should be used to determine whether petitioner's argument has merit.

Both the CHAP and VHAP programs are income sensitive. A person's eligibility for CHAP is predicated upon having countable monthly income in excess of the VHAP maximum of 185% of the Federal Poverty Level and below 300% of the Federal Poverty Level. W.A.M. §§ 5910 and 5913. When petitioner no longer had wages, that information triggered a redetermination by the Department of his financial eligibility for medical coverage. The Department correctly found petitioner eligible for VHAP. W.A.M. § 5924.4.

Based on the above, the decision by OVHA and the Department is affirmed. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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